ARIZONA STATE BOARD OF HEALTH e for each, and the number of each in State File No. BUREAU OF VITAL STATISTICS Registered No STANDARD GERTIFICATE OF BIRTH 1. PLACE OF BIRTH County. District or Township (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child Légitimate? 4. Twin, triplet or other 3. Sex of Child To be answered ONLY of birth in event of plural is a reminant Year Month Day 5. No., in order of birth MOTHER Full maiden o Full nais 15 Residence 9. Residence (Unal place of abstle) (Usual place of about TE RETURN birth stated. If non-resident, give place and state. O If non-resident, give place and state. 16 Color or race 16. Color or race (Years) 17. Age at last birthday 11. Age at last birthday. (Years) SEPARAT order of 18. Birthplace (city or place) 12. Birthplace (city or place (State or country) (State or country) ø a birth, 19. Occupation 13. Occupation Nature of Industry Nature of industry 21. Were precautions taken against ophchilds (a) Born alive and now living 20. Number of children of this mother ... thaimia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PLYSIGIAN OR MIDWIFE m, on the date above stated I hereby certify that I attended the birth of this child, who was more *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given name added from Z. D. Lin a supplemental report. Month, day, year

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